



## RECORD OF CONTINUITY

THE PERFORMANCE QUALIFICATION SHALL REMAIN IN EFFECT INDEFINITELY UNLESS THE DETAILER, DRAFTER, LAYOUT OR SCANNING TECHNICIAN DOES NOT PERFORM THE QUALIFIED PROCESS FOR A PERIOD EXCEEDING TWELVE (12) MONTHS, OR THERE IS SOME SPECIFIC REASON TO QUESTION THE ABILITY OF THE DETAILER, DRAFTER, LAYOUT OR SCANNING TECHNICIAN.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

UA BOOK# \_\_\_\_\_ PHONE #: \_\_\_\_\_

### INDICATE LAST DATE SOFTWARE USED:

SOFTWARE/VERSION TRAINED:

YEAR/VERSION CURRENTLY USED:

AUTOCAD (CIRCLE ONE): 2016/2018/2019/2020/2021/2022

\_\_\_\_\_

REVIT (CIRCLE ONE): 2017/2018/2019/2020/2021/2022

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ROBOTIC TOTAL STATION DEVICE & SOFTWARE:

LAST USED:

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

SCANNING DEVICE & SOFTWARE:

LAST USED:

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

I CERTIFY THIS INDIVIDUAL HAS SUCCESSFULLY USED THE CORRECT PROCESS AND HAS NOT EXCEEDED A PERIOD OF TWELVE (12) MONTHS.

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
PRINT NAME OF AUTHORIZED REPRESENTATIVE (MANAGER)      DATE

\_\_\_\_\_  
**SIGNATURE OF COMPANY'S AUTHORIZED REPRESENTATIVE MUST APPEAR HERE**

**COMPANY MUST RETAIN A COPY OF THIS FORM.  
INDIVIDUAL MUST RETAIN A COPY OF THIS FORM.**

-----A COPY MUST BE SENT TO APTA-----

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